



# STATE LICENSING BOARD FOR RESIDENTIAL AND GENERAL CONTRACTORS

## Residential Division

237 Coliseum Drive, Macon, GA 31217

844-753-7825

[www.sos.ga.gov/index.php/licensing/plb/46](http://www.sos.ga.gov/index.php/licensing/plb/46)

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## RESIDENTIAL BASIC QUALIFYING AGENT RECIPROCITY APPLICATION

### ••• INSTRUCTIONS AND GENERAL INFORMATION •••

Applications are valid for one (1) year from date of receipt.

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### LICENSES REQUIRED

Licenses are required for persons who contract for any residential (residential-basic or residential-light commercial) or general contracting business. See O.C.G.A § 43-41-2 in the Board Laws, as well as the Board's rules for definitions.

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### SECTION 1: PERSONAL INFORMATION

Please be sure to complete all information including your preferred email address for communication with Board staff. All applicants must be a minimum of 21 years old.

The Board has reciprocal agreements with the following states:

**LOUISIANA** – Residential Building Contractors license issued by the Louisiana State Licensing Board for Contractors.

**MISSISSIPPI** – Residential Building Contractors license issued by the Mississippi State Board of Contractors.

**SOUTH CAROLINA** – Residential Builders license issued by the South Carolina Residential Builders Commission.

To be eligible for reciprocity, the applicant must have held an active license for the past three years that was issued on the basis of examination and has not been penalized by the Board for violations of the law for the past three years.

**Submit a letter of verification from the licensing board that administered the examination.** Copies of your state license, wall certificate or examination scores are **not acceptable**.

Upon approval of your application by the Board, you must schedule and pass the Georgia Business and Law exam prior to licensure.

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### SECTION 2: QUALIFYING AGENT

Applicants must submit proof that the business organization for which you are applying as qualifying agent is actively authorized and certified to do business in Georgia. You may visit the Secretary of State, Corporations Division at [www.sos.georgia.gov/corporations](http://www.sos.georgia.gov/corporations), to print a copy of your business organization's History page or Letter of Authority.

The applicant may appoint himself or herself **ONLY IF** the applicant is the **ONLY** authorized agent of the business organization who possesses binding authority.

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### SECTION 3: AFFILIATIONS

Applicants must submit names of all persons, entities and business organizations you will be affiliated with as a licensed residential contractor or general contractor. "Affiliated with" means by way of employment, ownership, serving as an owner or director, partnership, or membership or by serving as a qualifying agent. See O.C.G.A § 43-41-6(e)

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### SECTION 4: WORK EXPERIENCE

Applicants must show at least two years of proven experience working as or in the employment of a residential contractor, predominantly in the residential basic category. List your employer information beginning with your current employer and your current experience should end in "Present". The business organization that is appointing you as qualifying agent should be listed under your work experience to include the beginning employment date and position title with the organization.

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## SECTION 5: EMPLOYMENT/PROJECT AFFIDAVIT

You may sign the affidavit as both the applicant and contractor ONLY if you have been self-employed for the required number of years.

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## SECTION 6: FINANCIAL RESPONSIBILITY

**All questions must be answered.** Submit all additional documentation as requested in the application.

Applicants must obtain general liability insurance in a minimum amount of \$300,000 per occurrence and **submit a signed, current certificate of insurance with your application**. Binders, information pages, policies and declaration pages are not acceptable. Since you are applying as a qualifying agent, the company for which you are applying as qualifying agent must be shown as the insured on the certificate. The certificate must list the Professional Licensing Board, Residential and General Contractor's Board, 237 Coliseum Drive, Macon, GA 31217 as the certificate holder. Also, the applicant must submit proof of workers compensation insurance, if the applicant is currently required by Georgia law to have such.

A blank Bank Credit Reference form is available online at our website listed above, along with a sample Surety Bond, and Line of Credit sample letter.

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## SECTION 7: PERSONAL HISTORY

**All questions must be answered.** Submit all additional documentation as requested in the application.

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## SECTION 8: APPLICANT AFFIDAVIT

*Georgia law requires that the Board verify lawful presence in the U.S. of any natural person 18 years or older who has applied for a state benefit, such as a license, certificate, or registration. See O.C.G.A. §50-36-1.*

**All applicants are required** to submit a copy of a **Secure and Verifiable Document (SVD)** with this application such as a Driver's License, Passport, or other document OR a copy of current immigration document(s) which includes either an Alien number or I-94 number and SEVIS number if needed. *See O.C.G.A. § 50-36-2.*

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## VETERANS' PREFERENCE POINTS

Veterans may be eligible for Veterans' Preference Points on their examination if they served on active duty in the Armed Forces, Reserves or National Guard for at least 90 days during wartime or during any conflict when military personnel were committed by the President and either served on active duty for at least one year or was discharged for injury or illness incurred in the line of duty. To apply for veterans' preference points, submit a completed copy of the DD-214 form with the application.

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## DISABILITY ACCOMMODATION

Persons who have a disability and may require accommodation should obtain the *Request for Disability Accommodation Guidelines* form on the Board's website under Application/Form Downloads.

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# RESIDENTIAL BASIC QUALIFYING AGENT RECIPROCITY APPLICATION

## ••• APPLICATION CHECKLIST•••

Applications are valid for one (1) year from date of receipt.

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The Board cannot process incomplete applications. If any item is missing, incomplete, or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all information and documentation is complete and correct.

Please use this checklist to ensure that you submit a **COMPLETE** application. Do not submit this checklist or instruction pages with your application.

- ☐ Read the Board law and rules thoroughly before completing the application. They are available online at [www.sos.ga.gov/index.php/licensing/plb/46](http://www.sos.ga.gov/index.php/licensing/plb/46). You are responsible for knowing the Board law and rules for your profession.
- ☐ Complete each question and each section of the application. Sign the application and have your signature notarized. All items on the application should be typed or printed.
- ☐ Letter of Authority from the Georgia Corporations Division for the business organization.
- ☐ Verification of licensure from the reciprocal state. Copies of your state license, wall certificate or examination scores are not acceptable.
- ☐ Certificate of insurance.
  - The business organization must be shown as the insured.
  - Current dates of coverage and signed by the insurance agent/representative.
  - General liability insurance in a minimum amount of \$300,000 per occurrence.
  - The State Licensing Board for Residential and General Contractors, 237 Coliseum Drive, Macon, GA 31217 must be listed as the certificate holder.
- ☐ Secure and Verifiable Document (SVD) such as a Driver's License, Passport, or other acceptable document.
  - OR a copy of current immigration document(s) which includes either an Alien number or I-94 number and SEVIS number if needed, such as a Permanent Resident Card (front and back)
- ☐ Non-refundable \$200.00 application fee by check or money order payable to State Licensing Board for Residential and General Contractors. Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. § 16-9-20.
- ☐ Mail completed application and supporting documents in a 9 X 12 envelope, unstapled and unfolded.

### ADDITIONAL OPTIONAL DOCUMENTATION

- ☐ Military form DD-214, if you wish to apply for veterans' preference points

**\*\* KEEP A COPY OF YOUR COMPLETED APPLICATION AND SUPPORTING DOCUMENTS FOR YOUR RECORDS** - All original materials will be retained by our office and will not be returned to you.

**NOTE:** After reading the Board law, rules, and all other information listed above, if you have further questions, please contact the Board office at 844-753-7825.



STATE LICENSING BOARD FOR  
RESIDENTIAL AND GENERAL CONTRACTORS  
Residential Contractors Division  
237 Coliseum Drive, Macon, GA 31217-3858  
844-753-7825  
[www.sos.ga.gov/index.php/licensing/plb/46](http://www.sos.ga.gov/index.php/licensing/plb/46)

Date Entered	_____
Receipt #	_____
Submitted \$	_____
Date Issued	_____

## RESIDENTIAL BASIC QUALIFYING AGENT RECIPROCITY APPLICATION

Application Fee \$200.00 (non-refundable)

Applications are valid for one (1) year from date of receipt.

License Type: ☒ Qualifying Agent

Method Obtained by: ☒ Reciprocity

### SECTION 1: PERSONAL INFORMATION

1. Legal Name to

Appear on License:

FIRST MIDDLE LAST SUFFIX

2. Name as shown on exam records, transcripts or any documentation provided to the Board including maiden name (if different):

FIRST MIDDLE LAST SUFFIX / MAIDEN

3. Social Security\*:

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Date of Birth:

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\*This information is authorized to be obtained and disclosed to state and federal agencies pursuant to O.C.G.A. § 19-11-1 et seq. and O.C.G.A. § 20-3-295 et seq., 42 U.S.C.A. § 551 AND 20 U.S.C.A. § 1001.

4. Physical Address:

(PO BOX NOT ACCEPTABLE)

NUMBER AND STREET

APT OR SUITE#

CITY

STATE

ZIP

5. Mailing Address:

(if different)

NUMBER AND STREET OR PO BOX

APT OR SUITE#

CITY

STATE

ZIP

6. Daytime Phone#:

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Business or Cell  
Phone#:

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7. Email Address: \_\_\_\_\_

8. ☐ Please check this box if you are a military spouse or a transitioning service member of the United States armed forces (including the National Guard).

9. ☐ Please check this box if you are requesting Veterans' Preference Points. Attached is a copy of my DD-214.

10. ☐ Please check this box if you are at least 21 years of age.

11. I have obtained licensure by examination in:

☐ Louisiana

License # \_\_\_\_\_

☐ Mississippi

License # \_\_\_\_\_

☐ South Carolina

License # \_\_\_\_\_

**SECTION 2: QUALIFYING AGENT**

Applicant Name: \_\_\_\_\_

1. Name and type of Business Organization (exactly as registered with the Georgia Corporations Division): \_\_\_\_\_

2. Type: ☐ LLC ☐ LLP/LP ☐ Corporation (state of incorporation): \_\_\_\_\_☐ Partnership\* ☐ Joint Venture\* ☐ Other\*: \_\_\_\_\_

\*If the business organization is not an LLC, LLP/LP, or Corporation please submit official company formulation documentation proving the existence of such business organization

3. Physical Business Address: \_\_\_\_\_  
(PO BOX NOT ACCEPTABLE) NUMBER AND STREET SUITE#

CITY

STATE

ZIP

4. Federal ID #   -        5. Business Phone #    -    -    **QUALIFYING AGENT AFFIDAVIT**I, \_\_\_\_\_, certify that I am the ☐ Owner or ☐ Partner or ☐ Officer  
Printed Name of Owner/Partner/Officer

for the business organization identified above, and possess binding authority for the business organization and do hereby appoint the applicant to act as a qualifying agent on the business organization's behalf and to take the examination (unless exempted), as required for a Georgia contractor's license.

The applicant is affiliated with the business organization by ☐ Ownership (\_\_\_\_%) or ☐ W2 Employment.**I further attest that the individual applicant has final approval authority for all construction work performed by the business organization or entity within the State of Georgia and that the individual applicant has final approval authority on all construction matters, including contracts and contract performance and financial affairs related to such construction matters, for each construction job for which his or her license was used to obtain the building permit.**

I understand that should the qualifying agent leave the business organization while being the only qualifying agent affiliated with the business organization, the business organization shall promptly notify the appropriate division of the termination of the relationship and shall have 120 days from the termination of the qualifying agent's affiliation to employ another qualifying agent and submit an application for licensure under the new qualifying agent.

\_\_\_\_\_  
Signature of Owner/Partner/Officer\_\_\_\_\_  
Title

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

**O.C.G.A. §45-17-6 requires legible seals for notarized documents.**  
If an embossed seal is used a foil overlay or shading should be applied to make the seal, state, title, name, and county legible when digitized.**NOTARY SEAL****The applicant may appoint him or herself ONLY IF the applicant is the ONLY authorized agent of the business organization who possesses binding authority.**

**SECTION 3: AFFILIATIONS**

Applicant Name:

- ☐ YES ☐ NO 1. Will you be affiliated with any persons, entities, or business organizations as a licensed residential contractor or general contractor, other than listed in section 2? **If YES**, list your affiliations.  
("Affiliated with" means by way of employment, ownership, serving as an owner or director, partnership, or membership or by serving as a qualifying agent.)

Name of Person, Entity, or Business Organization	Type of Affiliation					
	Employee	Owner (please list ownership %)	Director	Partner (please list ownership %)	Member	Qualifying Agent

- ☐ YES ☐ NO 2. Do you hold any professional certifications? **If YES**, please list them.

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**SECTION 4: WORK EXPERIENCE****Applicant Name:**

- Applicants must show at least two (2) years of proven experience.
- Describe the type work you performed, not specific projects. List the dates you have been employed with the employer, NOT the dates you began and completed a particular project. Your current experience should end in "Present". The business organization that is appointing you as qualifying agent should be listed under your work experience to include the beginning employment date and position title.

Employer Name:	Dates Employed	From: (mo/yr)	To: (mo/yr)
Employer Address:	Direct Supervisor:		
City, State, Zip:	Applicant's Position/Job Title:		
Type of Work Performed, Duties, and Responsibilities:			

Employer Name:	Dates Employed	From: (mo/yr)	To: (mo/yr)
Employer Address:	Direct Supervisor:		
City, State, Zip:	Applicant's Position/Job Title:		
Type of Work Performed, Duties, and Responsibilities:			

Employer Name:	Dates Employed	From: (mo/yr)	To: (mo/yr)
Employer Address:	Direct Supervisor:		
City, State, Zip:	Applicant's Position/Job Title:		
Type of Work Performed, Duties, and Responsibilities:			

Employer Name:	Dates Employed	From: (mo/yr)	To: (mo/yr)
Employer Address:	Direct Supervisor:		
City, State, Zip:	Applicant's Position/Job Title:		
Type of Work Performed, Duties, and Responsibilities:			

## SECTION 5: EMPLOYMENT/PROJECTS AFFIDAVIT

O.C.G.A. §§ 43-41-6(b)(3) and (b)(4) states:

“[To be eligible as a residential-basic contractor, a person must] (3)[have] at least two years of proven experience working as or in the employment of a residential contractor, predominantly in the residential-basic category, or other proven experience deemed substantially similar by the division; and (4) [have] had significant responsibility for the successful performance and completion of at least two projects falling within the residential-basic category in the two years immediately preceding application.”

**NOTE:** You may sign the affidavit as both the applicant and contractor ONLY if you have been self-employed for the required number of years.

I, \_\_\_\_\_  
Printed Name of Residential Contractor (not a company name)

solemnly attest and affirm that \_\_\_\_\_  
Printed Name of Applicant

meets the above stated requirements of O.C.G.A. §§ 43-41-6(b)(3) and (b)(4).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Residential Contractor

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:

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If an embossed seal is used a foil overlay or shading should be applied to make the seal, state, title, name, and county legible when digitized.

**NOTARY SEAL**

**NOTE:** You may sign the affidavit as both the applicant and contractor ONLY if you have been self-employed for the required number of years.



**SECTION 6: FINANCIAL RESPONSIBILITY**

Applicant Name: \_\_\_\_\_

- ☐ YES ☐ NO 1. Does the business organization's total assets (what is owned) exceed the business organization's total liabilities (what is owed)?  
**If NO**, submit a letter of explanation.
- ☐ YES ☐ NO 2. Has the business organization paid all state and federal income taxes, payroll withholding taxes, and unemployment taxes as required by law?  
**If NO**, submit a letter of explanation and any supporting documentation.
- ☐ YES ☐ NO 3. Have you paid all judgments, taxes, student loans or child support payments as required by law?  
**If NO**, submit a letter of explanation and any supporting documentation.
- ☐ YES ☐ NO 4. Have you personally, as an individual, or has any business entity with which you have been involved ever filed for bankruptcy, been subjected to an involuntary petition for bankruptcy, been adjudged bankrupt, or sought protection under the bankruptcy laws during the last 10 years?  
**If YES**, submit a letter of explanation, discharge documents, and schedules A, B, D, and F.
- ☐ YES ☐ NO 5. In order to satisfy the financial responsibility requirement, do you affirm the business organization has a minimum net worth of \$25,000?  
**If NO**, submit one of the following to satisfy the financial responsibility requirement. (select one)
- ☐ a. Bank Credit Reference Form, reflecting 24 months' history;
  - ☐ b. \$25,000 Surety Bond;
  - ☐ c. \$25,000 Line of Credit Letter; or
  - ☐ d. \$25,000 Letter of Credit.
- \* **Please note** – A blank Bank Credit Reference Form, sample Surety Bond, and Line of Credit sample letter is available for download from the Board website.
- ☐ YES ☐ NO 6. Have you submitted a certificate of insurance documenting that the business organization currently carries general liability insurance in a minimum amount of \$300,000 per occurrence?  
**If NO**, the application is considered incomplete until received.
- ☐ YES ☐ NO 7. Does the business organization have less than 3 employees (which does not require workers compensation insurance by state law)?  
**If NO**, submit a certificate of insurance documenting your workers' compensation coverage.
- ☐ YES ☐ NO 8. Have you submitted a letter of authority showing proof that the business organization for which you are applying as qualifying agent is actively authorized and certified to do business in Georgia?  
**If NO**, the application is considered incomplete until received

**SECTION 6: PERSONAL HISTORY**

Applicant Name: \_\_\_\_\_

- ☐ YES ☐ NO 1. Are you of good moral character and otherwise qualified as to competency, ability, integrity and financial responsibility?
- ☐ YES ☐ NO 2. Do you have at least two years of proven experience working as or in the employment of a residential contractor, predominantly in the residential-basic category, or other proven experience deemed substantially similar by the Division.  
**If NO**, submit a letter of explanation.
- ☐ YES ☐ NO 3. Have you been significantly responsible for the successful performance and completion of at least two projects falling within the residential-basic category in the two years immediately preceding application?  
**If NO**, submit a letter of explanation.
- ☐ YES ☐ NO 4. Have you submitted a letter of license verification from the licensing board in a state with which Georgia reciprocates (Louisiana, Mississippi, or South Carolina)?  
**If NO**, your application will be considered incomplete until received.
- ☐ YES ☐ NO 5. Have you ever been arrested, charged, convicted, sentenced, entered a plea of guilty, or nolo contendere, or been given First Offender status for any felony, misdemeanor, or any offense other than a minor traffic violation? (DUI and DWI are not minor traffic violations.)  
  
**If YES**, you must submit the following:  
a. Submit a letter of explanation for each offence and **certified** copy of court documents showing arrest, dismissal, conviction, and sentencing.  
b. Submit a statement (on official letterhead) from your probation/parole officer regarding your current status or completion of any probation/parole.
- ☐ YES ☐ NO 6. Has any licensing board or agency in Georgia or any other state ever: a) Denied issuance of licensure, renewal, or reinstatement; b) Revoked, suspended, restricted, sanctioned, or probated your license; c) Requested or accepted surrender of your license; d) Reprimanded, fined, or disciplined you?  
**If YES**, submit a letter of explanation and a **certified** copy of the action taken against your license with relevant supporting documents.

**SECTION 7: APPLICANT AFFIDAVIT**

Applicant Name: \_\_\_\_\_

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Board for which I am applying for licensure and I agree to abide by these laws and rules.

By executing this affidavit under oath, as an applicant for a professional license, as referenced in O.C.G.A. § 50-36-1, administered by the Professional Licensing Boards Division, the undersigned applicant also verifies one of the following with respect to his/her application for a public benefit (check one):

1. \_\_\_\_\_ I am a United States citizen.

**Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or document as indicated on the Board's website.**

2. \_\_\_\_\_ I am not a United States citizen.

I am either a legal permanent resident of the United States or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.**

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute. I also understand that any failure to make full and accurate disclosures may result in disciplinary action by the Board for which I am applying for licensure.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Signature of Applicant

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:

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**NOTARY SEAL**